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Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting
JOHN H. RAMIREZ

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II. *DETERMINATION OF ELIGIBILITY (check if applicable):

Based on the assessment/evaluation data reviewed, the committee has determined that the student:

- ☐ does not meet specific TEA and Federal eligibility criteria to receive special education services.
- ☒ meets specific TEA and Federal eligibility criteria to receive the following special education services for the following conditions:

Condition 1: <u>Learning Disabled</u>	Condition 4: <u>None</u>
Condition 2: <u>Other Health Impaired</u>	Condition 5: <u>None</u>
Condition 3: <u>None</u>	

Complete the following section for transfer students only:

- ☐ The parent or parents verify that the student was receiving special education services in _____, Verification from the former district ☐ by telephone reported by _____, or ☐ type of document _____ and date received _____.

The instructional arrangement and related service provided in the previous district were as follows:

Eligibility is temporary contingent upon receipt of valid assessment data or collection of new assessment data. A second ARD will be held within 30 school days to develop an IEP based on assessment data available at that time.

☐ Yes ☐ No ☒ Not In Attendance Parent/Guardian agrees with all entries in Section II.

III. COMPETENCIES: ☒ discussed below ☐ to be addressed at 30 day ARD/IEP

A. PHYSICAL, as it affects participation in:

*Instructional settings:

☒ normal vision ☐ with glasses ☒ normal hearing ☒ good general health
and/or

*physical education

☒ Yes ☐ No Student is capable of receiving instruction in regular P.E. with no modifications. If no, see services to be provided.

Other Physical Competencies

Not Applicable

*This field was added 8/1/96. Refer to deliberation for additional competencies, if any prior to this date.

B. BEHAVIORAL, as it affects:

Educational placement/programming:

(Check the appropriate competencies)

- ☐ interacts appropriately with peers
☐ interacts appropriately with adults
☐ adjusts easily to new situations
☐ respects authority
☐ cooperative
☐ completes tasks

Other Behavior 1: Disruptive classroom behavior at times

Other Behavior 2: Can be argumentative with authority figures

Other Behavior 3:

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C. *Discipline:

(Check the appropriate competencies)

- ☒ Is mentally able to follow regular discipline rules
- ☐ Is emotionally able to follow regular discipline rules; or ☒ refer to comments below
- ☒ Student's behavior impedes his/her learning or that of others (If "X" complete function behavioral assessment, Behavior Intervention Plan/Behavioral IEP).
- ☐ able to follow classroom management plan
- ☐ Yes ☒ No The student is capable of following the Student Code of Conduct without modification. If NO, complete Special Discipline Procedures form.

Comments:

D. *Prevocational/Vocational (when appropriate)

- | | | |
|---|--|--|
| <input type="checkbox"/> not appropriate for this student | <input type="checkbox"/> has good attendance | <input checked="" type="checkbox"/> is able to work on time schedule |
| <input type="checkbox"/> keeps work area neat | <input type="checkbox"/> follows directions | <input type="checkbox"/> Other 1: _____ |
| <input type="checkbox"/> has good social skills | <input type="checkbox"/> is reliable | <input type="checkbox"/> Other 2: _____ |
| <input type="checkbox"/> is mechanically inclined | <input type="checkbox"/> cares for materials | |
| <input checked="" type="checkbox"/> has a part-time job | <input type="checkbox"/> is responsible | |

E. * Academic/Developmental, including LEP student language competencies relevant to developing the IEP (grade or age levels alone are not acceptable):

Area 1: draws conclusions

Area 2: Identify main idea

Area 3: uses capitalization

Area 4: describes setting

Area 5: Adds, subtracts, multiplies, and divides whole numbers, decimals, and fractions

Area 6: _____

Area 7: _____

F. Assistive Technology needs were considered.

- ☒ Based on informal and/or formal information, A.T. devices and services are not recommended at this time.
- ☐ A.T. addressed through one or more of the following: modifications, IEP goals and objectives, related services, supplementary aids and services. A.T. devices will be provided for: ☐ Current Year ☐ Next Year ☐ Both
- (Note: Refer to formal A.T. screenings, FIE, and/or other formal and informal information for detailed A.T. recommendations.)

G. *Indicate content areas in which the student's disability significantly interferes with his/her ability to meet regular academic mastery levels.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Language Arts/English | <input type="checkbox"/> Science |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Social Studies |
| <input type="checkbox"/> Math | <input type="checkbox"/> Other: _____ |

H. Communication needs were considered. (Added 8/5/99)

- ☒ No additional communication services are recommended.
- ☐ Communication needs are addressed through one or more of the following: modifications, IEP goals and objectives, related services, supplementary aids and services. (Complete Communication Needs Supplement for students w/ AI.)

I. *The student's disability affects involvement or progress in the general curriculum or, for preschool, appropriate activities in the following ways: (Added 8/5/99)

John needs modifications and content mastery to be successful in general education classes.

- ☒ Individual Educational Plan (IEP) is attached. (Refer to Appendix A) ☐ An IEP is not applicable
- ☐ Refer to the previous IEP as no changes are being made at this meeting.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not In Attendance	Parent/Guardian agrees with all entries in Section III.
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Individual Education Plan

(Appendix A)

JOHN RAMIREZ

Date of Report: 01/12/2001

ARD Meeting Date: 11/14/2000

School: Moody High School

DOB: 06/29/1984 Grade: 11

Report	IP	Master	Com	Dis
Goals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Objectives	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Progress	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(Goals and Objectives are listed for the period beginning: 08/13/2001 Ending: 5/23/2002)

Goal: D2: The learner will demonstrate measurable progress in the acquisition of developmentally appropriate functional independent living skills.

Start Date: 08/13/2001 End Date: _____

☒ In Progress ☐ Mastered ☐ Discontinued**Objectives:****ILE102: Cooperate with others: supervisor / teacher / peers.90%**Start date: 08/13/2001 Ending date: _____ ☒ IP ☐ Mast ☐ Disc

Person Int. Resp: Vocational Adjustment Coordinator 3/8/02

Initial Eval. Crit: employer evals/observations

Progress Reports**ILE103: Follow general rules / regulations / guidelines.90%**Start date: 08/13/2001 Ending date: _____ ☒ IP ☐ Mast ☐ Disc

Person Int. Resp: Vocational Adjustment Coordinator 3/8/02

Initial Eval. Crit: employer evals/observations

Progress Reports**ILE104: Cope with changes in routine, assignment, personnel, work conditions.90%**Start date: 08/13/2001 Ending date: _____ ☒ IP ☐ Mast ☐ Disc

Person Int. Resp: Vocational Adjustment Coordinator 3/8/02

Initial Eval. Crit: employer evals/observations

Progress Reports**ILE170: Arrive to work punctually.90%**Start date: 08/13/2001 Ending date: _____ ☒ IP ☐ Mast ☐ Disc

Person Int. Resp: Vocational Adjustment Coordinator 3/8/02

Initial Eval. Crit: employer evals/observations

Progress Reports

JOHN RAMIREZ

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Corpus Christi Independent School District
IEP Transition Supplement
JOHN H. RAMIREZ

ARD Meeting Date:

5/23/02

Locked ☐

Developed for students 16 years of age and above and other students for whom transition planning is appropriate.

The transition needs of this student were considered by the ARD Committee. Based upon the student's needs, taking into account his/her preferences and interests, needed services were identified as follows:

I. INSTRUCTION and RELATED SERVICES: For instructional objectives based upon ITP/Transition needs, see IEP goals and objectives.

Related Services: None

Other: _____

☐ None needed. Basis of determination: _____**II. COMMUNITY EXPERIENCE:** The committee has determined that student instruction will be enhanced through community experiences. See ARD/IEP goals and objectives and ARD/IEP schedule page 4 of 8.☒ None needed. Basis of determination:☒ Student is successfully integrated.☒ Student is able to transfer skills beyond the classroom.☐ Other: _____**III. EMPLOYMENT:**

The committee has determined that the student requires vocational instruction. See ARD/IEP schedule page 4 of 8.

Other: _____

☒ None needed. Basis of determination:☒ Student is successfully employed.☒ Student has demonstrated employability skills.☒ Student has the skills to access post-secondary training programs.☐ Other: _____**IV. ACQUISITION OF DAILY LIVING SKILLS AND OTHER POST-SECONDARY ADULT LIVING OBJECTIVES:**

The committee has determined that the student will benefit from specific instruction in adult living skills. See IEP goals and objectives.

☒ None needed. Basis of determination:☐ Student has demonstrated independent living skills.☒ Student will need no support with post-secondary adult living skills.☐ Other: _____**ASSURANCE THAT STUDENT PREFERENCE AND INTEREST WAS CONSIDERED:**☐ Student participated in ITP draft.☒ Student attended ITP meeting.☐ Functional Vocational Assessment was done.☐ Level I:☐ Level II:☐ Level III:☐ Student interview☐ Vocational Interest☐ assessment☐ Parent interview☐ Vocational aptitude☒ Parent contact:☒ Letter☐ Phone

AGENCY	ATTENDED	OTHER PARTICIPATION
Texas Rehabilitation Commission (TRC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Brochure <input type="checkbox"/> Letter <input type="checkbox"/> Phone conference
Texas Mental Health/Mental Retardation (Tx. MHMR)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Brochure <input type="checkbox"/> Letter <input type="checkbox"/> Phone conference
Texas Workforce Commission (TWC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Brochure <input type="checkbox"/> Letter <input type="checkbox"/> Phone conference
Texas Commission for the Blind (TCB)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Brochure <input type="checkbox"/> Letter <input type="checkbox"/> Phone conference
Texas Department of Human Services (TDHS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Brochure <input type="checkbox"/> Letter <input type="checkbox"/> Phone conference
Local Education Agency (LEA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Brochure <input type="checkbox"/> Letter <input type="checkbox"/> Phone conference
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Brochure <input type="checkbox"/> Letter <input type="checkbox"/> Phone conference

Steps taken to ensure agency participation: ☐ Notices ☐ Phone Calls Other: _____

Notes: Educational agencies are not responsible for a student's attainment of post-secondary goals and the delivery of services that extend beyond his/her eligibility for public education.

If a participation agency fails to provide agreed upon transition services contained in the IEP, the public agency responsible for the student's education will initiate a meeting as soon as possible for the purpose of identifying alternative strategies to meet the transition objectives and, if necessary, revise the student's IEP.

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IV. DETERMINATION OF SERVICES TO BE PROVIDED

Vocational Adjustment Class

A. Justification indicates that the identified placement is in the least restrictive environment and is based on the needs of the student. Alternative placement was discussed.

Year: 2001-02 Semester: F/SStart Time: 8:00 End Time: 16:00Total Day: 480

SpEd=Special Education; Reg=Regular Education; Rel=Related Services; IA=Instructional Arrangement

Student's placement this year will be at: Moody High School

Qtr	Total	Reg	Rel	SpEd	IA
1	577	505	0	72	08
2	577	505	0	72	08
3	577	505	0	72	08
4	577	505	0	72	08

Subject (Option)	Qtr/ Sem	*Service Provider	*Grade Assigned	Min. Reg.	Min. SpE	Class Modifications Select Up to 10				
VAC	B	SE	SE	0	360					
	B	RE	RE	55	0					
	F	RE	RE	90	0	04	09	10	13	22
	B	RE	RE	90	0	04	09	10	13	22
	F	RE	RE	90	0	04	09	10	13	22
	S	RE	RE	90	0	04	09	10	13	22
	S	RE	RE	90	0	04	09	10	13	22
	B	RE	RE	90	0					
	B	RE	RE	90	0					
	B	RE	RE	0	0	04	09	10	13	22

**** Modifications: (*denotes assistive technology)**

- | | | | |
|-------------------------------|------------------------------|------------------------------|---|
| 1. Change pace of instruction | 9. Extended time assignments | 17. Interpreter for the deaf | 25. Special instruction/adaptive equipment |
| 2. Oral tests | 10. Shortened assignments | 18. Frequent breaks | 26. Change in TEKS. |
| 3. Short answer tests | 11. Assignment notebooks* | 19. Defined physical space | 27. Change in project, report requirements. |
| 4. Modified tests/texts | 12. Study aids/manipulatives | 20. Cooling-off period | 28. Change in tool, equipment/ |
| 5. Taped texts* | 13. Repeated review | 21. Concrete reinforcers | machinery used in classroom |
| 6. Highlighted texts* | 14. Reduce written task | 22. Positive reinforcers | 29. Check for understanding |
| 7. Taping lectures* | 15. Calculator* | 23. Behavior management plan | 30. Other 1: |
| 8. Note taking assistance* | 16. Preferential seating | 24. Oral directives | 31. Other 2: |
| | | | 32. Other 3: |

Additional modifications are listed in the deliberations.

Modifications needed to assure success in regular, remedial, and supportive programs, including eligibility for participation in extracurricular activities, are specified on the Individual Educational Plan.

Parents will be notified of progress by:
 -Regular report card

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Date: 5/23/02

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Related Service	Provider	Min	Freq/ Period	Other	Qtr/ Sem
None			time(s) per		

**COORDINATION BETWEEN REGULAR AND
SPECIAL EDUCATION**

This person is responsible for monitoring the student's performance in regular education:
 No Longer Provided

Monitoring Frequency: Every 9 wks.
 Monitoring Method: Report cards

Schedule for evaluating progress for participation in extracurricular activities will be every:

☒ 3 weeks ☐ 6 weeks ☐ 9 weeks
☐ Other _____

In order to receive passing grades in all content areas of instruction and to participate in extracurricular activities, the expected mastery level as established by the district is 70% unless otherwise noted. Exceptions for this student, if any, are documented on the IEP.

Explanation of Alternative Assessment Decisions (rationale/accommodations/mods)

NA

Assessment of Student Progress:

☐ not offered for this student's grade

	Mathematics	Writing	Reading	Science	SS	RPTE
Will Take TAAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Will Take
State Alt. Assess.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Will Not Take
Oth. Alt. Assess.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> NA
NA/Passed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

****TAAS and End-of-Course Exam Test Mods as defined in test administration materials.**

0 0 0 0
0 0

****Refer to the attached Test Modifications for a description of each modification.**

☐ Yes ☐ No ☒ Not in Attendance ☐ Parent/Guardian agrees with all entries in Section IV.

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V. DETERMINATION OF PLACEMENT

Placement alternatives provided, tried, or considered (p, t, c), including services in regular and compensatory education, for which the student is eligible and additional services needed) are identified below. Consideration of the vocational training needs for students at or before entry into high school was discussed. (Modified 2/10/99)

<u> </u> Regular education only	<u> </u> Compensatory education
<u> T </u> Regular education with modifications in pacing, methods, or materials	<u> </u> Alternative school
<u> </u> Regular education with support services	<u> T </u> Regular vocational education
<u> </u> Self-contained class (special education)	<u> </u> Regional Day School for the Deaf
<u> </u> Resource classroom (special education)	<u> </u> Homebound
<u> </u> Discipline center	<u> </u> Speech therapy
<u> </u> Related services:	<u> </u> Hospital class
<u> </u> Home - based instruction	<u> </u> Classroom (VAC)
<u> P </u> On the job training (VAC)	<u> </u> Home Campus
<u> </u> Bilingual education/ESL	<u> T </u> Other: <u>Content Mastery</u>

Results	If efforts are not successful, provide reason(s):
-Successful in current placement.	

☐ Yes ☐ No ☒ N/A

Parents of students who meet eligibility criteria for visual or auditory impairments or deaf/blindness have been given written information, within the past year, about programs offered by the Texas School for the Blind and Visually Impaired or Texas School for the Deaf, including eligibility and admissions requirements and the rights of student's related to admission.

Date(s) informed: School for Blind: _____

School for Deaf: _____

The committee determined that the student's placement will be at:

Current Year: Moody High SchoolVocational Adjustment Class

Name of Current Instructional Arrangement

☒ Yes ☐ No

This is the campus which the student would attend if not in special education.

☒ Yes ☐ No

If no, name the student's home campus: _____

This is the campus that is as close as possible to the student's home which provides the services the ARD committee has deemed necessary.

Date services are to begin: 8/13/01Anticipated duration of services: 05/02Next Year: Moody High School

Resource Room/Services- <21%

Name of Next Year's Instructional Arrangement

☒ Yes ☐ No

This is the campus which the student would attend if not in special education.

☒ Yes ☐ No

If no, name the student's home campus: _____

This is the campus that is as close as possible to the student's home which provides the services the ARD committee has deemed necessary.

Date services are to begin: _____

Anticipated duration of services: _____

☐ Yes ☐ No ☒ Not in Attendance

Parent/Guardian agrees with all entries in Section V.

VI. EXTENDED SCHOOL YEAR SERVICES (ESY)☐ Yes ☒ No

Documentation has been submitted and the student is in need of ESY. If yes, attach the ESY SUPPLEMENT, IEP's for ESY and documentation of need.

Services to be provided:
Subject _____

Amount of Time _____

Related Services

_____Transportation: ☐ Yes ☒ No☐ Yes ☐ No ☒ Not in Attendance

Parent/Guardian agrees with all entries in Section VI.

VII. GRADUATION (High School Student Only):The student is expected to graduate in: 2002☒ Yes ☐ No

Graduation Supplement with Transition Statement is attached.

☐ Yes ☐ No ☒ Not in Attendance

Parent/Guardian agrees with all entries in Section VII.

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**Corpus Christi Independent School District
ARD/IEP Supplement
Graduation with Transition Statement**

Locked: ☐Student's Name: JOHN H. RAMIREZAnticipated Date of Graduation: 5/25/02ARD Meeting Date: 5/23/02

Note: Graduation is a change of placement and JOHN H. RAMIREZ, upon graduation, will no longer be eligible for services under Part B of the Individuals with Disabilities Act and graduation with a regular high school diploma terminates JOHN H. RAMIREZ's entitlement to the benefits of the Foundation Schools Program. (Refer to the footnotes at the bottom of this supplement for exceptions.)

The ARD committee has determined that this student will graduate under the following option:

- ☐ This student has satisfactorily completed the minimum academic credit requirements for graduation applicable to students without disabilities, which includes satisfactory performance on an exit level assessment instrument.
- ☒ This student has maintained full-time employment without direct and ongoing educational support of the local school district based on this student's abilities and local employment opportunities. This option requires this student to complete his/her IEP and attain sufficient self-help skills to maintain the employment.*
- ☐ This student has demonstrated mastery of specific employability and self-help skills which will not require direct ongoing educational support of the local school district. This option requires this student to complete his/her IEP.*
- ☐ This student has gained access to services which are not within the legal responsibility of public education, or employment, or further educational opportunities. This option requires this student to complete his/her IEP.*
- ☐ This student no longer meets age eligibility requirements and has completed the requirements specified in the IEP.
- ☐ This student has satisfactorily completed the minimum academic credit requirements for graduation applicable to students in general education and has been exempted from the exit-level assessment instrument because modifications and accommodations provided during instruction would render the results of the assessment invalid.

Based on the anticipated method of graduation, the following instructional and educational experiences are planned to assist the student to prepare for transition from secondary education to post-secondary life. (Transition service needs should focus on the student's course of study):

John plans to attend UTI in Houston to study auto or marine mechanics. He will continue working full-time to acquire credits for graduation.

- When considering graduation under this option, the ARD committee, when appropriate, shall seek in writing and consider written recommendations from appropriate adult service agencies and the views of the parent and, when appropriate, the student.
- Employability and self-help skills are those skills directly related to the preparation of students for employment, including general skills necessary to obtain or retain employment.
- Students with disabilities who are eligible to take the exit level assessment instrument but have not performed satisfactorily are eligible for instruction in accordance with TEC, §39.024.
- For students who receive a diploma under this option, the ARD committee shall determine needed educational services upon the request of the student or parent to resume services, as long as the student meets the age eligibility requirements.

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JOHN H. RAMIREZ

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IV. LEAST RESTRICTIVE ENVIRONMENT SUPPLEMENT

- A. Evidence that removal of students with disabilities from the general educational environment/campus occurs only when the nature and severity of the disability is such that education in regular education classes/campus with the use of supplementary aids and services cannot be achieved satisfactorily based on the following:

John is a full-time VAC student.

Supplementary aides and services previously provided to the student include:

- | | |
|---|--|
| <input type="checkbox"/> Title I/Compensatory education | <input type="checkbox"/> Adaptive equipment |
| <input type="checkbox"/> School health Services | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Bilingual classes | <input checked="" type="checkbox"/> Modifications in regular education |
| <input type="checkbox"/> ESL | <input type="checkbox"/> Speech Modeling |
| <input checked="" type="checkbox"/> Tutorials | <input type="checkbox"/> Other 1: _____ |
| <input type="checkbox"/> Pre-school | <input type="checkbox"/> Other 2: _____ |

- B. In selecting the least restrictive environment, the following considerations were given to any potential harmful effects on the student and the quality of services he or she needs.

- | | |
|--|---|
| <input type="checkbox"/> Increased student frustration/stress | <input type="checkbox"/> Increased mobility problems in a large school setting |
| <input type="checkbox"/> decreased student self esteem/worth | <input type="checkbox"/> Increased safety concerns caused by physical aspects |
| <input type="checkbox"/> Increased difficulty with distractions of regular environment | <input type="checkbox"/> Increased safety concerns caused by student adaptive equipment |
| <input checked="" type="checkbox"/> large student/teacher ratio vs. increased need for attention | <input type="checkbox"/> lack of emotional control harmful to others |
| <input checked="" type="checkbox"/> excessive time required to master objectives | <input type="checkbox"/> lack of social skill causes harm |
| <input checked="" type="checkbox"/> Increased difficulty completing tasks | <input type="checkbox"/> wide difference in development levels causes isolation |
| <input type="checkbox"/> Increased difficulty controlling behavior | <input type="checkbox"/> lack of specialized setting required for related service |
| <input type="checkbox"/> other students distracted by related service | <input type="checkbox"/> Other: _____ |

- C. Opportunities for this student to participate in all nonacademic and extracurricular activities available to students without disabilities to the maximum extent appropriate for the individual student.

- | Nonacademic | Extracurricular |
|--|---|
| <input checked="" type="checkbox"/> lunch | <input checked="" type="checkbox"/> athletics |
| <input type="checkbox"/> recess | <input checked="" type="checkbox"/> clubs |
| <input checked="" type="checkbox"/> counseling services, including emergency | <input checked="" type="checkbox"/> band |
| <input checked="" type="checkbox"/> transportation | <input checked="" type="checkbox"/> choral groups |
| <input checked="" type="checkbox"/> health services | <input type="checkbox"/> not applicable |
| <input checked="" type="checkbox"/> recreational services | <input checked="" type="checkbox"/> other school sponsored activities |
| <input checked="" type="checkbox"/> assemblies | <input type="checkbox"/> others: _____ |
| <input type="checkbox"/> others: _____ | |

If any of the above items are NOT checked, document the ARD/IEP committee's decision to exclude this student from the opportunity to participate:

- D. ☒ Yes ☐ No

This student is being educated with regular education students to the maximum extent appropriate to the needs of the student and is unable to benefit from education with regular education students to any greater extent.

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JOHN H. RAMIREZ

E. *Removal from General Education Campus

- ☐ Services and/or therapies in the student's IEP cannot be provided on a general education campus.
- ☐ The behavior management plan contained in the student's IEP cannot be implemented on a general education campus.
- ☐ The student's behavior is so dangerous that it cannot be controlled without intense supervision and a closed environment.
- ☐ The student had a previously unsuccessful placement on a general education campus. If selected, list instructional and related service goals and objectives and modification/support services that address returning the student to the general education campus.

☐ Other: _____☐

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not in Attendance	Parent/Guardian agrees with all entries in Section VIII.
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**Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting**

Deliberations

JOHN H. RAMIREZ

**Additional Deliberations of the ARD Committee
Appendix B**

Purpose: Dismissal ARD to review credits for graduation and discuss transition. John has 18.5 credits. He is a full-time VAC student this year. Anticipated graduation is 5/02 as an IEP graduate. John is exempt from the exit-level TAAS. He is interested in attending UTI in Houston for training in auto or marine mechanics. John was given information about services offered by TRC and encouraged to set up an intake appointment with them. He was also advised to talk to the school counselor for information about UTI.

Recorder: Karen Boyd

Special Ed. Teacher (Res)
Recorder Title

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Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting

JOHN H. RAMIREZ

IX. ASSURANCES

The committee assures that special education placement:

- * is as close as possible to the student's home.
- * for national origin minority group students or linguistically different students is not based on criteria which were developed solely on command of the English language

*Basis for assurances:

- ☐ adaptations in testing procedures
- ☒ review of parent/student information
- ☐ use of interpreter
- ☐ review of language assessment

* is not based on deficiencies identified as directly attributable to a different culture, lifestyle, or lack of educational opportunities.

*Basis for assurances:

- ☒ review of parent/student information
- ☐ review of sociological assessment

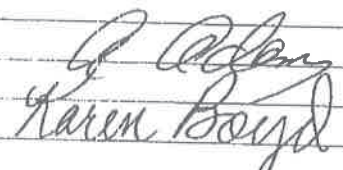
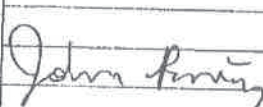
*The ARD committee assures that this student is being educated with students his/her age who do not have disabilities to the maximum extent appropriate to his/her overall educational needs (including academic and developmental areas such as language and socialization).

*The committee assures that all instruction and related services specified in the IEP will be provided to the student at no cost. Fees normally charged to students without disabilities or their parents as part of the general education program may be charged (i.e., art or laboratory fees).

NOTE: IF APPROPRIATE, COMPLETE ARD/IEP SUPPLEMENT: OUT-OF-DISTRICT PLACEMENT VERIFICATION OR REFERRAL TO A REGIONAL DAY SCHOOL PROGRAM FOR THE DEAF.

X. SIGNATURES OF COMMITTEE MEMBERS

☒ Yes ☐ No ☐ NA A transfer of rights notice has been provided to the student and/or parent prior to the age of majority.
Parent ☐ agrees ☐ not in attendance. with required entries in Sections I thru VIII of this document. Note: Disagrees indicates that "No" was entered, or neither box was checked at the end of one or more of the sections.
☒ disagrees

Signature	Position	Agree	Disagree
	Parent/Adult Student	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Instruction	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Assessment	<input type="checkbox"/>	<input type="checkbox"/>
	Speech Therapist	<input type="checkbox"/>	<input type="checkbox"/>
	Student	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

- ☒ This IEP has been developed by the members of the ARD committee by mutual agreement.
- ☐ The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than 10 school days. During the recess the members shall consider alternatives, gather additional data, and/or obtain additional resource persons to enable them to reach mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or others, or if the student has committed an expellable offense. The committee will reconvene on :
- ☐ The members of this ARD committee have not reached mutual agreement.

at _____
Date Location Time
Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full explanation of all procedural safeguards is included with this form. Please contact Robert Garcia at (361) 994-3500 if you have any questions or need names of other individuals to assist you in understanding this document or your procedural safeguards.

¹ Assessment personnel are required when interpretations of assessment data are being considered.
² Include documentation concerning the reconvened ARD.

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GRADUATION PLAN

Name: Ramirez, John H ID# 1547131020 Grade: 10th Date: _____Special Education Option I Circle One: Minimum/Recommended/DAP
Special Education Option II III IV V

TAAS Status:

Math _____

Writing _____

Reading _____

Semester 1st 2000

1. Eng 2
2. PLFP
3. Alg 2
4. VAC

Semester 2nd 2001

1. Eng 3
2. PLFP
3. U.S. Hist
4. VAC

Notes:

11-17-00 - Discussed
schedule for next
year. Also Bio.
Credit missing

Semester 2001

1. Eng 4 ENG2
2. W. Hist
3. PLFP-ICT
4. VAC COOP

Semester 2002

1. Don't Keyboard
2. Piano T ENG3
3. PLFP-ICT
4. VAC COOP

Semester _____

1. _____
2. _____
3. _____
4. _____

Semester _____

1. _____
2. _____
3. _____
4. _____

Semester _____

1. _____
2. _____
3. _____
4. _____

Semester _____

1. _____
2. _____
3. _____
4. _____

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CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT Individualized Transition Plan

Student RAMIREZ, JOHN H I.D.# _____ Meeting Date 11/15/99
 DOB 06-29-84 Projected Graduation Date 5/2008
 S.S.# 454-71-3620 Disabilities LD/OHI
 School MOODY HIGH SCHOOL Parents Priscilla Martinez
 Annual Review Updates: _____

ADDRESS AREAS BELOW AS THEY RELATE TO DESIRED POSTGRADUATION OUTCOMES (Based on Student Expectations)
 (Check as appropriate)

1. INTEGRATED EMPLOYMENT

- ☒ 1.1 Without support
☐ 1.2 With time limited support
☐ 1.3 With long term support
☐ 1.4 Supported employment (enclave or mobile work crew)
☐ 1.5 Other _____

ARE SERVICES REQUIRED TO ACHIEVE OUTCOME? ☒ YES ☐ NO

If yes, specify on page 2.

2. INDEPENDENT LIVING

- ☒ 2.1 Independent living - no support
☐ 2.2 With family or relative
☐ 2.3 With roommate
☐ 2.4 Supervised living
☐ 2.5 Group home
☐ 2.6 ICF-MR facility
☐ 2.7 Other _____

ARE SERVICES REQUIRED TO ACHIEVE OUTCOME? ☒ YES ☐ NO

If yes, specify on pages 2, 3.

3. RECREATION/LEISURE/COMMUNITY PARTICIPATION

- ☒ 3.1 Independent
☒ 3.2 Family supported
☐ 3.3 Specialized recreation for persons with disabilities
☐ 3.4 Community parks and recreation programs
☐ 3.5 Local clubs
☐ 3.6 Church groups
☐ 3.7 Day programs
☐ 3.8 Other _____

ARE SERVICES REQUIRED TO ACHIEVE OUTCOME? ☐ YES ☒ NO

If yes, specify on page 3.

4. POST-SECONDARY EDUCATION/VOCATIONAL TRAINING

- ☒ 4.1 University
☐ 4.2 Community college
☐ 4.3 Proprietary (private) school
☒ 4.4 Trade/Technical school (Electrical)
☐ 4.5 Military
☐ 4.6 Continuing/Adult Education

4. POST-SECONDARY EDUCATION (Continued)

- ☐ 4.7 Apprenticeships
☐ 4.8 None
☒ 4.9 Other Employment (electrical)

ARE SERVICES REQUIRED TO ACHIEVE OUTCOME? ☒ YES ☐ NO

If yes, specify on page 3.

5. TRANSPORTATION

- ☒ 5.1 Independent
☐ 5.2 Public transportation
☐ 5.3 Specialized transportation
☐ 5.4 Family transports
☐ 5.5 Car pools
☐ 5.6 Other _____

ARE SERVICES REQUIRED TO ACHIEVE OUTCOME? ☐ YES ☒ NO

If yes, specify on page 4.

6. ADULT SERVICES

- ☐ 6.1 SSI
☐ 6.2 Public assistance (food stamps, AFDC, etc.)
☐ 6.3 Insurance/Medicaid
☐ 6.4 Assistive/Adaptive devices
☐ 6.5 OT/PT
☐ 6.6 Vision/Hearing/Speech
☐ 6.7 Medical supervision and scheduling
☐ 6.8 Other _____

ARE SERVICES REQUIRED TO ACHIEVE OUTCOME? ☐ YES ☒ NO

If yes, specify on page 4.

7. OTHER IMPORTANT LIFE CONSIDERATIONS

- ☐ 7.1 Guardianship
☐ 7.2 Family planning
☐ 7.3 Counseling/support services
☒ 7.4 Respite services
☒ 7.5 Voter registration
☒ 7.6 Selective Service registration
☐ 7.7 Other _____

ARE SERVICES REQUIRED TO ACHIEVE OUTCOME? ☐ YES ☒ NO

If yes, specify on page 4.

3/02
 UTI
 auto mechanics
 marine mechanic 5

ГТР-2

Date _____

Results:
A - Accomplished
C - Continue
D - Discontinue

- Provide names and numbers of key residential service providers
- Mental Health Mental Retardation
- Corpus Christi State School
- Independent living center
- Other
- Other
- Other
- Contact residential service providers for intake appointment
- Specify:
- Review school records and determine eligibility for residential services

[illegible]

ГТР-3

Date 11/5/94

ГР-4

Date _____

1/15/99

Discuss/provide information regarding:

- ☐ Guardianship
- ☐ Family planning
- ☐ Counseling/support services provided by various agencies

Specify: _____

- ☒ Respite services
- ☒ Voter registration
- ☒ Selective Service registration
- ☐ Other

[illegible]

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CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT

STUDENT NAME: RAMIREZ, JOHN

TRANSITION PLANNING PARTICIPANTS

We, the undersigned, have provided input for the review/update of this ITP.	
Student <u>John Ramirez</u> Name Title	Date <u>1/15/09</u> Teacher <u>Alan D. Balaan</u> Name Title <u>Leo Engels / Teacher</u>
Persons invited who did not attend:	
We, the undersigned, have provided input for the review/update of this ITP	
Student <u>John Ramirez</u> Name Title	Date <u>1/21/00</u> Teacher <u>Carol Lomcke-Vocational</u> Name Title
Persons invited who did not attend:	
We, the undersigned, have provided input for the review/update of this ITP.	
Student <u>John Ramirez</u> Name Title	Date <u>3/8/09</u> Teacher <u>John Boyd-Spe. Ed.</u> Name Title
Persons invited who did not attend:	
We, the undersigned, have provided input for the review/update of the ITP.	
Student <u>John Ramirez</u> Name Title	Date Teacher Name Title
Persons invited who did not attend:	
We, the undersigned, have provided input for the review/update of the ITP.	
Student <u>John Ramirez</u> Name Title	Date Teacher Name Title
Persons invited who did not attend:	

If an agency that was invited to send a representative did not do so, what steps were taken to obtain the participation of the agency in the planning of transition services?

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AND RETURN TO YOUR CHILD'S SCHOOL

ext # 33

If you have any questions, please feel free to call the contact person below:

Shirley Warner
SCHOOL CONTACT PERSONSp Education Dept
POSITION878-1432
TELEPHONE

Please check appropriate statement(s) below.

Re:

John Ramirez
Student5/18/18 11:15 am
Date of ARD/ITP Meeting

- ☐ I will attend the meeting as scheduled.
- ☐ I would like to attend the meeting, but cannot do so at the time suggested; please contact me at _____ to reschedule.
- ☐ I will not be able to attend the meeting; please have it without me. I wish to be notified of the results of the meeting.
- ☐ I will not be able to attend the meeting in person, but would like to participate via telephone. Please contact me at _____ at the scheduled meeting time.
- ☐ I waive the required five school day waiting period between Notice of the ARD Committee Meeting and the ARD Committee Meeting.
- ☐ I waive the required 30 day waiting period between Notice of the ITP Committee meeting and the ITP Committee meeting.

Comments:

Signature of Parent, Guardian, Surrogate Parent, or Adult Student_____
Date_____
Signature of Interpreter, if used_____
Date

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Locked: ☐

**Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting**

☐ Initial ☐ 3-Year Review ☐ Dismissal and/or ☒ Annual and/or ☐ Failure ☐ Discipline
☐ Transfer ☒ Review ☐ End of Year Dismissal

Student ID: 454-71-3620 Meeting Date: 9/5/01
Student's Name: JOHN H. RAMIREZ Instructional Arrangement: 03
Date of Birth: 6/29/84 Sex: M Resource Room _____
Home Campus: Moody High School Speech: 0
Current Campus: Moody High School Grade: 12
Parent's Name: GUADALUPE ALEJANDRO
Parent's Address: 3801 CASTILLA CT, Home Phone: (512) 854-1481
CORPUS CHRISTI, TX 78415- Work Phone: (512) 853-8891 Ext. 0000

☐ *An interpreter was used to assist in conducting the meeting. If yes, specify language: _____

☐ Parent/Adult student waives the 5 school days written notice of the ARD meeting and agrees to an earlier meeting.

Parent's Signature: _____

GUADALUPE ALEJANDRO

4/27/01

I. *REVIEW OF ASSESSMENT/EVALUATION DATA (check if applicable)

☒ Assessment/Evaluation Reports☒ ARD Full and Individual Evaluation (FIE)

Date(s) of Report(s): _____

☐ Other Assessments/Evaluations. Specify: _____

Assessment	Initial Date	Current Date	Needed	Complete By	Active
None			<input type="checkbox"/>		<input type="checkbox"/>

☒ Vocational Assessment

Date(s) or Report(s): _____

9/24/07

☐ Current FIE, other assessments/evaluations, and associated eligibility reports have been given to the parents.☒ Information from the student's Individual Transition Plan

(attach supplement dated: _____)

☐ Records from other school district.☒ Information from parents/student.☒ Information from school personnel.☐ Information/Records from other agencies/professionals.☒ Information from Language Proficiency Assessment Committee.☐ Additional assessment/evaluation is needed. Refer to the Other Assessments/Evaluations table above for specific assessments/evaluations and associated timelines.

A Full and Individual Evaluation (FIE) must be completed by:

4/27/2004

☒ Yes ☐ No

The IEP previously developed was reviewed.

☐ Yes ☐ No ☒ Not In Attendance

Parent/Guardian agrees with all entries in Section I.

9/5/01

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Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting
JOHN H. RAMIREZ

2

II. *DETERMINATION OF ELIGIBILITY (check if applicable):

Based on the assessment/evaluation data reviewed, the committee has determined that the student:

- ☐ does not meet specific TEA and Federal eligibility criteria to receive special education services.
- ☒ meets specific TEA and Federal eligibility criteria to receive the following special education services for the following conditions:

Condition 1: <u>Learning Disabled</u>	Condition 4: <u>None</u>
Condition 2: <u>Other Health Impaired</u>	Condition 5: <u>None</u>
Condition 3: <u>None</u>	

Complete the following section for transfer students only:

- ☐ The parent or parents verify that the student was receiving special education services in _____, Verification from the former district ☐ by telephone reported by _____, or ☐ type of document _____ and date received _____.

The instructional arrangement and related service provided in the previous district were as follows:

Eligibility is temporary contingent upon receipt of valid assessment/evaluation data or collection of new assessment/evaluation data. A second ARD will be held within 30 school days to develop an IEP based on

☐ Yes ☐ No ☒ Not in Attendance Parent/Guardian agrees with all entries in Section II.

III. COMPETENCIES: ☒ discussed below ☐ to be addressed at 30 day ARD/IEP

A. PHYSICAL, as it affects participation in:

*Instructional settings:

☒ normal vision (☐ with glasses) ☒ normal hearing ☒ good general health

and/or

*physical education

☒ Yes ☐ No

Student is capable of receiving instruction in regular P.E. with no modifications. If no, see services to be provided.

Other Physical Competencies

Not Applicable

*This field was added 8/1/96. Refer to deliberation for additional competencies, if any prior to this date.

B. BEHAVIORAL, as it affects:

Educational placement/programming:

(Check the appropriate competencies)

- ☐ interacts appropriately with peers
- ☐ interacts appropriately with adults
- ☐ adjusts easily to new situations
- ☐ respects authority
- ☐ cooperative
- ☐ completes tasks

Other Behavior 1: Disruptive classroom behavior at times

Other Behavior 2: Can be argumentative with authority figures

Other Behavior 3:

9/5/01

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**Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting**

3

JOHN H. RAMIREZ

C. *Discipline:

(Check the appropriate competencies)

- ☐ Is mentally able to follow regular discipline rules
- ☒ Is emotionally able to follow regular discipline rules; or ☐ refer to comments below
- ☒ Student's behavior impedes his/her learning or that of others (If 'X' complete function behavioral assessment, Behavior Intervention Plan/Behavioral IEP).
- ☐ able to follow classroom management plan
- ☐ Yes: ☒ No The student is capable of following the Student Code of Conduct without modification. If NO, complete Special Discipline Procedures form.

Comments: Behavior Plan developed 11/28/00 will remain in effect in 2001-02 school year.

D. *Prevocational/Vocational (when appropriate)

- | | | |
|---|--|--|
| <input type="checkbox"/> not appropriate for this student | <input type="checkbox"/> has good attendance | <input checked="" type="checkbox"/> is able to work on time schedule |
| <input type="checkbox"/> keeps work area neat | <input type="checkbox"/> follows directions | <input type="checkbox"/> Other 1: _____ |
| <input type="checkbox"/> has good social skills | <input type="checkbox"/> is reliable | <input type="checkbox"/> Other 2: _____ |
| <input type="checkbox"/> is mechanically inclined | <input type="checkbox"/> cares for materials | |
| <input checked="" type="checkbox"/> has a part-time job | <input type="checkbox"/> is responsible | |

E. * Academic/Developmental, including LEP student language competencies relevant to developing the IEP (grade or age levels alone are not acceptable):

- Area 1: draws conclusions
- Area 2: identify main idea
- Area 3: uses capitalization
- Area 4: describes setting
- Area 5: Adds, subtracts, multiplies, and divides whole numbers, decimals, and fractions
- Area 6: _____
- Area 7: _____

F. Assistive Technology needs were considered.

- ☒ Based on informal and/or formal information, A.T. devices and services are not recommended at this time. A.T. addressed through one or more of the following: modifications, IEP goals and objectives, related services, supplementary aids and services. A.T. devices will be provided for: ☒ Current Year ☒ Next Year ☒ Both
- (Note: Refer to formal A.T. screenings, FIE, and/or other formal and informal information for detailed A.T. recommendations.)

G. *Indicate content areas in which the student's disability significantly interferes with his/her ability to meet regular academic mastery levels.

- ☒ Language Arts/English ☐ Science
- ☐ Reading ☐ Social Studies
- ☐ Math ☐ Other: _____

H. Communication needs were considered. (Added 8/5/99)

- ☒ No additional communication services are recommended.
- ☐ Communication needs are addressed through one or more of the following: modifications, IEP goals and objectives, related services, supplementary aids and services. (Complete Communication Needs Supplement for students w/ AI.)

I. *The student's disability affects involvement or progress in the general curriculum or, for preschool, appropriate activities in the following ways: (Added 8/5/99)

John needs modifications and content mastery to be successful in general education classes.

- ☒ Individual Educational Plan (IEP) is attached. (Refer to Appendix A) ☐ An IEP is not applicable
- ☐ Refer to the previous IEP as no changes are being made at this meeting.

☐ Yes ☐ No ☒ Not In Attendance Parent/Guardian agrees with all entries in Section III.

9/5/01

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Individual Education Plan (Appendix A)

JOHN RAMIREZ

School: Moody High SchoolDOB: 6/29/84 Grade: 12Goals and Objectives are listed for the period beginning: 8/1/00 Ending: 9/10/01Date of Report: 9/10/01ARD Meeting Date: 9/6/01

Report	IP	Mast	Com	Dis
Goals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Objectives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Progress	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Goal: G9: The learner will achieve mastery of the school district curriculum objectives by completing his/her assignments and maintaining passing grades.

Start Date: 8/8/01 End Date: _____ ☒ In Progress ☐ Mastered ☐ Discontinued

Objectives:

CM1: The student will be able to bring all necessary learning materials and/or supplies to class.90%

Start date: 9/6/01 ending date _____ ☒ IP ☐ Mast ☐ Disc

Person Init. Resp: StudentInitial Eval. Crit: Teacher observations.

Progress Reports

CM10: The student will be able to complete assignments in class and/or out of class.70%

Start date: 9/6/01 ending date _____ ☒ IP ☐ Mast ☐ Disc

Person Init. Resp: Student, teacher, parent

Initial Eval. Crit: _____

Progress Reports

CM16: The student will be able to know and follow classroom rules for general education classes.80%

Start date: 9/10/01 ending date _____ ☒ IP ☐ Mast ☐ Disc

Person Init. Resp: Student, teacherInitial Eval. Crit: Teacher observations.

Progress Reports

CM17: The student will be able to maintain passing grades and/or averages for general education courses.70%

Start date: 9/10/01 ending date _____ ☒ IP ☐ Mast ☐ Disc

Person Init. Resp: Student, teacher, parentInitial Eval. Crit: Teacher tests, observations, daily work

Progress Reports

JOHN RAMIREZ

Page 1 of 1

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CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas

Behavior Intervention Plan

11-28-00

9/5/01 - BIP reviewed at
annual ARD; will
remain in effect for
2001-02 school yr

PLEASE PRINT

Ramirez	John	H	454713620	6-29-84
STUDENT LAST NAME	FIRST	MI	SS NUMBER	DOB

Please list below each behavior, reinforcement, consequence, person responsible for administering the name and date to be reviewed
Appropriate interventions might arise from assessment data, discipline history, social history, or parental reports.

(Indicate intervention strategies by code)

Specific Behavior	Description of Means for Rewarding Desirable Behavior	Description of Consequences for Undesirable Behavior	Person Responsible Date to be Reviewed
1) Improve school attendance	- Verbal praise - Set well-defined limits - isolate student in another part of class - preferential seating	- verbal warning - call / conference w/ parent - loss of privileges in class - office referral - detention	student parent
2) refrain from verbal & physical aggression (fighting)	- call / conference w/ parent - earn privileges / activities in class + at home	- offer choices - detention - ISS - Suspensions	school staff
3) Comply w/ directives from authority figures	- attend tutorials before & after school to complete assignments & make-up absences + do community services	- AEP - file truancy charges - contact truant officer	
	- Complete attendance waiver - suggest parent contact		

John's doctor to see
if medication for ADD would be helpful.

7/98

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Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting

4

Date: 9/5/01

JOHN H. RAMIREZ

IV. DETERMINATION OF SERVICES TO BE PROVIDED

Resource Room/Services- <21%

A. Justification indicates that the identified placement is in the least restrictive environment and is based on the needs of the student. Alternative placement was discussed.

Year: 2001-02 Semester: F/SStart Time: 8:00 End Time: 18:00Total Day: 480Inst Time 330

SpEd=Special Education; Reg=Regular Education; Rel=Related Services; IA=Instructional Arrangement

Student's placement this year will be at: Moody High School

Other Setting All Qtrs

Qtr	Reg	Rel	SpEd	IA
1	499	0	6	41
2	499	0	6	41
3	499	0	6	41
4	499	0	6	41

Subject (Option)	Qtr/ Sem	*Service Provider	*Grade Assigned	Min. Reg. Freq/Period	Min. SpEd	Class Modifications Select Up to 10				
Content Mastery	B	SE	SE	30 1 time(s) /wk	30					
Non-Instruct Time	B	RE	RE	55 1 time(s) /day	0					
PE/Health	F	RE	RE	90 1 time(s) /day	0	04	09	10	13	22
TICP	B	RE	RE	90 1 time(s) /day	0	04	09	10	13	22
English 2	F	RE	RE	90 1 time(s) /day	0	04	09	10	13	22
US Gov/WKYBWF	S	RE	RE	90 1 time(s) /day	0	04	09	10	13	22
Algebra 2	S	RE	RE	90 1 time(s) /day	0	04	09	10	13	22
CCOPWK	B	RE	RE	90 1 time(s) /day	0					
	B	RE	RE	90 1 time(s) /day	0					
	B	RE	RE	0 1 time(s) /day	0	04	09	10	13	22

Min. Reg. are provided in the regular classroom. Min. SpEd. and/or Min. Related Service are provide outside the regular classroom. Special locations for providing services are described as part of the subject, in the Related Service Other column, or in the deliberations.

** Modifications: (*denotes assistive technology)

- | | | | |
|-------------------------------|------------------------------|------------------------------|---|
| 1. Change pace of instruction | 9. Extended time assignments | 17. Interpreter for the deaf | 25. Special instruction/adaptive equipment |
| 2. Oral tests | 10. Shortened assignments | 18. Frequent breaks | 26. Change in TEKS. |
| 3. Short answer tests | 11. Assignment notebooks* | 19. Defined physical space | 27. Change in project report requirements. |
| 4. Modified tests/texts | 12. Study aids/manipulatives | 20. Cooling-off period | 28. Change in tool, equipment/
machinery used in classroom |
| 5. Taped texts* | 13. Repeated review | 21. Concrete reinforcers | 29. Check for understanding |
| 6. Highlighted texts* | 14. Reduce written task | 22. Positive reinforcers | 30. Other 1: Content mastery |
| 7. Taping lectures* | 15. Calculator* | 23. Behavior management plan | 31. Other 2: _____ |
| 8. Note taking assistance* | 16. Preferential seating | 24. Oral directives | 32. Other 3: _____ |

Additional modifications are listed in the deliberations.

Modifications needed to assure success in regular, remedial, and supportive programs, including eligibility for participation in extracurricular activities, are specified on the Individual Educational Plan.

Parents will be notified of progress by:
 -Regular report card

9/5/01

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Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting

4 cont.

Date: 9/5/01

JOHN H. RAMIREZ

Related Service	Provider	Min	Freq/ Period	Other	Qtr/ Sem
None			Time(s) per		

COORDINATION BETWEEN REGULAR AND
SPECIAL EDUCATIONThis person is responsible for monitoring the
student's performance in regular education:
Reg./Spec. Ed. Teacher

Monitoring Frequency: Every 9 wks.

Monitoring Method: Report cards

Schedule for evaluating progress for participation
in extracurricular activities will be every:
☒ 3 weeks
 ☐ 6 weeks
 ☐ 9 weeks
 ☐ Other

In order to receive passing grades in all content areas of instruction and to participate in extracurricular activities, the expected mastery level as established by the district is 70% unless otherwise noted. Exceptions for this student, if any, are documented on the IEP.

Explanation of Alternative Assessment Decisions (rationale/accommodations/mods)

NA

Assessment of Student Progress:

☒ not offered for this student's grade

	Mathematics	Writing	Reading	Science	SS	RPTE
Will Take TAAS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
State Alt. Assess.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qth. Alt. Assess.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NA/Passed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TAAS and End-of-Course Exam Test Mode
as defined in test administration materials.

0	0	0	0
0	0		

**Refer to the attached Test Modifications
for a description of each modification.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not in Attendance
------------------------------	-----------------------------	---

 Parent/Guardian agrees with all entries in Section IV.

9/5/01

Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting

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JOHN H. RAMIREZ

V. DETERMINATION OF PLACEMENT

Placement alternatives provided, tried, or considered (p, t, c), including services in regular and compensatory education, for which the student is eligible and additional services needed) area identified below. Consideration of the vocational training needs for students at or before entry into high school was discussed. (Modified 2/10/98)

<input type="checkbox"/> Regular education only	<input type="checkbox"/> Compensatory education
<input type="checkbox"/> Regular education with modifications in pacing, methods, or materials	<input type="checkbox"/> Alternative school
<input type="checkbox"/> Regular education with support services	<input type="checkbox"/> Regular vocational education
<input type="checkbox"/> Self-contained class (special education)	<input type="checkbox"/> Regional Day School for the Deaf
<input type="checkbox"/> Resource classroom (special education)	<input type="checkbox"/> Homebound
<input type="checkbox"/> Discipline center	<input type="checkbox"/> Speech therapy
<input type="checkbox"/> Related services:	<input type="checkbox"/> Hospital class
<input type="checkbox"/> Home - based instruction	<input type="checkbox"/> Classroom (VAC)
<input type="checkbox"/> On the job training (VAC)	<input type="checkbox"/> Home Campus
<input type="checkbox"/> Bilingual education/ESL	<input type="checkbox"/> Other: Content Mastery

Results Passed all classes last year except English 2 and algebra 2	If efforts are not successful, provide reason(s): Excessive absences, incomplete assignments and performance standards
---	--

☐ Yes ☐ No ☒ N/A Parents of students who meet eligibility criteria for visual or auditory impairments or deaf/blindness have been given written information, within the past year, about programs offered by the Texas School for the Blind and Visually Impaired or Texas School for the Deaf, including eligibility and admissions requirements and the rights of student's related to admission.

Date(s) informed: School for Blind: _____

School for Deaf: _____

The committee determined that the student's placement will be at:

Current Year: Moody High School

Resource Room

Name of Current Instructional Arrangement

☒ Yes ☐ No

This is the campus which the student would attend if not in special education.

☒ Yes ☐ No

If no, name the student's home campus:
This is the campus that is as close as possible to the student's home which provides the services the ARD committee has deemed necessary.

Date services are to begin:

9/5/01

Anticipated duration of services:

05/02

Next Year: Moody High School

Resource Room/Services - <21%

Name of Next Year's Instructional Arrangement

☒ Yes ☐ No

This is the campus which the student would attend if not in special education.
If no, name the student's home campus:

☒ Yes ☐ No

This is the campus that is as close as possible to the student's home which provides the services the ARD committee has deemed necessary.

Date services are to begin:

Anticipated duration of services:

☐ Yes ☐ No ☒ Not In Attendance

Parent/Guardian agrees with all entries in Section V.

VI. EXTENDED SCHOOL YEAR SERVICES (ESY)

☐ Yes ☒ No

Documentation has been submitted and the student is in need of ESY. If yes, attach the ESY SUPPLEMENT, IEP's for ESY and documentation of need.

Services to be provided:
Subject

Amount of Time

Related Services

Transportation:

☐ Yes ☒ No

☐ Yes ☒ No ☐ Not In Attendance

Parent/Guardian agrees with all entries in Section VI.

VII. GRADUATION (High School Student Only):

The student is expected to graduate in: 2002

☐ Yes ☒ No

Graduation Supplement with Transition Statement is attached.

☐ Yes ☐ No ☒ Not In Attendance

Parent/Guardian agrees with all entries in Section VII.

9/5/01

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Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting
JOHN H. RAMIREZ

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IV. LEAST RESTRICTIVE ENVIRONMENT SUPPLEMENT

- A. Evidence that removal of students with disabilities from the general educational environment/campus occurs only when the nature and severity of the disability is such that education in regular education classes/campus with the use of supplementary aids and services cannot be achieved satisfactorily based on the following:

JOHN is receiving all services in the general education classroom.

Supplementary aides and services previously provided to the student include:

- | | |
|---|--|
| <input type="checkbox"/> Title I/Compensatory education | <input type="checkbox"/> Adaptive equipment |
| <input type="checkbox"/> School health Services | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Bilingual classes | <input checked="" type="checkbox"/> Modifications in regular education |
| <input type="checkbox"/> ESL | <input type="checkbox"/> Speech Modeling |
| <input checked="" type="checkbox"/> Tutorials | <input type="checkbox"/> Other 1: _____ |
| <input type="checkbox"/> Pre-school | <input type="checkbox"/> Other 2: _____ |

- B. In selecting the least restrictive environment, the following considerations were given to any potential harmful effects on the student and the quality of services he or she needs.

- | | |
|--|---|
| <input type="checkbox"/> increased student frustration/stress | <input type="checkbox"/> increased mobility problems in a large school setting |
| <input type="checkbox"/> decreased student self esteem/worth | <input type="checkbox"/> increased safety concerns caused by physical aspects |
| <input type="checkbox"/> increased difficulty with distractions of regular environment | <input type="checkbox"/> increased safety concerns caused by student adaptive equipment |
| <input checked="" type="checkbox"/> large student/teacher ratio vs. increased need for attention | <input type="checkbox"/> lack of emotional control harmful to others |
| <input checked="" type="checkbox"/> excessive time required to master objectives | <input type="checkbox"/> lack of social skill causes harm |
| <input checked="" type="checkbox"/> increased difficulty completing tasks | <input type="checkbox"/> wide difference in development levels causes isolation |
| <input type="checkbox"/> increased difficulty controlling behavior | <input type="checkbox"/> lack of specialized setting required for related service |
| <input type="checkbox"/> other students distracted by related service | <input type="checkbox"/> Other: _____ |

- C. Opportunities for this student to participate in all nonacademic and extracurricular activities available to students without disabilities to the maximum extent appropriate for the individual student.

Nonacademic

- ☒ lunch
☐ recess
☒ counseling services, including emergency
☒ transportation
☒ health services
☒ recreational services
☒ assemblies
☐ others: _____

Extracurricular

- ☒ athletics
☒ clubs
☒ band
☒ choral groups
☐ not applicable
☒ other school sponsored activities
☐ others: _____

If any of the above items are NOT checked, document the ARD/IEP committee's decision to exclude this student from the opportunity to participate:

- D. ☒ Yes ☐ No

This student is being educated with regular education students to the maximum extent appropriate to the needs of the student and is unable to benefit from education with regular education students to any greater extent.

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Admission, Review and Dismissal (ARD) Meeting

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JOHN H. RAMIREZ

E. Removal from General Education Campus

- ☐ Services and/or therapies in the student's IEP cannot be provided on a general education campus.
- ☐ The behavior management plan contained in the student's IEP cannot be implemented on a general education campus.
- ☐ The student's behavior is so dangerous that it cannot be controlled without intense supervision and a closed environment.
- ☐ The student had a previously unsuccessful placement on a general education campus. If selected, list instructional and related service goals and objectives and modification/support services that address returning the student to the general education campus.

☐ Other: _____

☐

☐ Yes

☐ No

☒ Not In Attendance

Parent/Guardian agrees with all entries in Section VIII.

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Admission, Review and Dismissal (ARD) Meeting

Deliberations

JOHN H. RAMIREZ

Additional Deliberations of the ARD Committee
Appendix B

Purpose: Annual ARD held to discuss current progress, future goals, and schedule/services for the 2001-02 school year. John has 14.5 credits at this time. John qualifies for special ed. services as an LD/OHI student. J. Hansen reviewed assessment for emotional disturbance (re-eval. 4/27/01). John does not qualify as ED. ARD members were in agreement and no additional testing was requested.

Schedule was developed. John must pass all courses in order to graduate this year. John is currently looking for a job to earn credits through the work program. The work program teacher offered John several volunteer work options, but John stated that he would only work for money. Mr. Adamez stated that John would not graduate if he did not start a job soon and earn credits in the work program. TAAS was discussed. John will take TAAS in October, 2001. Current BIP was reviewed and continued for the current school yr.

Recorder: Karen Boyd

Special Ed. Teacher (Res)
Recorder Title

9/5/01

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Admission, Review and Dismissal (ARD) Meeting
JOHN H. RAMIREZ

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IX. ASSURANCES

The committee assures that special education placement:

- * is as close as possible to the student's home.
- * for national origin minority group students or linguistically different students is not based on criteria which were developed solely on command of the English language

*Basis for assurances:

- ☐ adaptations in testing procedures
- ☒ review of parent/student information
- ☐ use of interpreter
- ☐ review of language assessment

* is not based on deficiencies identified as directly attributable to a different culture, lifestyle, or lack of educational opportunities.

*Basis for assurances:

- ☒ review of parent/student information
- ☐ review of sociological assessment

all The ARD committee assures that this student is being educated with students his/her age who do not have disabilities to the maximum extent appropriate to his/her overall educational needs (including academic and developmental areas such as language and socialization).

all The committee assures that all instruction and related services specified in the IEP will be provided to the student at no cost. Fees normally charged to students without disabilities or their parents as part of the general education program may be charged (i.e., art or laboratory fees).

NOTE: IF APPROPRIATE, COMPLETE ARD/IEP SUPPLEMENT: OUT-OF-DISTRICT PLACEMENT VERIFICATION OR REFERRAL TO A REGIONAL DAY SCHOOL PROGRAM FOR THE DEAF.

X. SIGNATURES OF COMMITTEE MEMBERS

- ☒ Yes ☐ No ☐ NA A transfer of rights notice has been provided to the student and/or parent prior to the age of majority.
- Parent ☐ agrees ☐ not in attendance. with required entries in Sections I thru VIII of this document. Note: Disagrees indicates that "No" was entered, or neither box was checked at the end of one or more of the sections.
- ☒ disagrees

Signature	Position	Agree	Disagree
<i>A. Collins</i>	Parent/Adult Student	<input type="checkbox"/>	<input type="checkbox"/>
<i>Adrian Boyd</i>	Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>John Ramsey</i>	Instruction	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>John Ramsey</i>	Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>John Ramsey</i>	Assessment ¹	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>John Ramsey</i>	Speech Therapist	<input type="checkbox"/>	<input type="checkbox"/>
<i>John Ramsey</i>	Student	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

☒ This IEP has been developed by the members of the ARD committee by mutual agreement.

☐ The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than 10 school days. During the recess the members shall consider alternatives, gather additional data, and/or obtain additional resource persons to enable them to reach mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or others, or if the student has committed an expellable offense. The committee will reconvene on:

☐ The members of this ARD committee have not reached mutual agreement.

____ at _____ at _____
Date Location Time

² Statements of the reason mutual agreement has not been reached may be attached.

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full explanation of all procedural safeguards is included with this form. Please contact Robert Garcia at (361) 894-3500 if you have any questions or need names of other individuals to assist you in understanding this document or your procedural safeguards.

¹ Assessment personnel are required when interpretations of assessment data are being considered.
² Include documentation concerning the reconvened ARD.

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CORPUS CHRISTI
INDEPENDENT SCHOOL DISTRICT

EMPLOYABILITY
AND
SELF-HELP SKILLS
PROFILE

EMPLOYABILITY AND SELF-HELP PROFILE

Complete the profile:

- Mastery is documented by one or more of the following:
 - parental documentation = P
 - 70% mastery in regular education = R
 - IEP mastery = IEP
 - employer documentation = E

Name Ramirez, John

Date of Birth 6-29-84

• Enter the date mastery was achieved

ID# 454 71 3620

	DOCUMENT CODE	DATE	COMMENTS
I. Daily Living Skills			
A. Finances			
1. Count money and make correct change	R	00-01	PLCP
2. Make wise purchases	R	00-01	PLCP
3. Keep basic financial records	R	00-01	PLCP
4. Use banking services	R	00-01	PLCP
5. Obtain and use credit responsibly	R	00-01	PLCP
6. Calculate and pay taxes	R	00-01	PLCP
7. Select and file insurance	R	00-01	PLCP
B. Home management			
8. Select adequate housing	R	00-01	PLCP
9. Maintaining a home	R	00-01	PLCP
10. Family living	R	00-01	PLCP
C. Citizenship			
11. Demonstrate knowledge of civil rights and responsibilities	R	00-01	PLCP
12. Know natures of local, state, and federal law	R	00-01	PLCP
13. Demonstrate knowledge of the law	R	00-01	PLCP
14. Identify citizenship rights and responsibilities	R	00-01	PLCP
D. Recreational facilities and leisure time			
15. Demonstrate knowledge of available community resources	R	00-01	PLCP
16. Demonstrate knowledge of recreational activities	R	00-01	PLCP
E. Transportation			
17. Demonstrate knowledge of traffic rules	R	00-01	PLCP
18. Demonstrate knowledge and use of various means of transportation	R	00-01	PLCP
II. Personal - Social Skills			
F. Self-awareness			
19. Identify physical and psychological needs	R	00-01	PLCP
20. Identify interests and abilities	R	00-01	PLCP
21. Identify emotions	R	00-01	PLCP
22. Develop a knowledge of physical self	R	00-01	PLCP
23. Exhibit personal hygiene	R	00-01	PLCP
G. Self-confidence			
24. Express feelings of self-worth	R	00-01	PLCP
25. Describe others perception of self	R	00-01	PLCP
26. Accept and give praise	R	00-01	PLCP
27. Accept and give criticism	R	00-01	PLCP
28. Develop confidence in self	R	00-01	PLCP
H. Socially responsible behavior			
29. Know important character traits	R	00-01	PLCP
30. Demonstrate awareness of how one's behavior affects others	R	00-01	PLCP
31. Demonstrate proper behavior in public places	R	00-01	PLCP
32. Develop respect for the rights and properties of others	R	00-01	PLCP
33. Identify consequences of substance abuse	R	00-01	PLCP
34. Recognize authority and follow instructions	R	00-01	PLCP

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	DOCUMENT CODE	DATE	COMMENTS
I. Interpersonal Skills			
35. Demonstrate listening and responding skills	IER	06-01	VAC
36. Establish and maintain close relationships/friendships			PLFP
37. Demonstrate occupational interpersonal skills			VAC
J. Independence			
38. Individual growth	R	00-01	PLFP
39. Demonstrate self-organization	R	00-01	PLFP
40. Develop goal seeking behavior	R	00-01	PLFP
K. Problem solving skills			
41. Recognize nature of a problem	I	00-01	PLFP
42. Anticipate consequences			VAC
43. Locate and utilize sources of assistance			PLFP
44. Develop and evaluate alternatives			
L. Communication			
45. Recognize and respond to emergency situations	R	99-00	ICC
46. Communicate with understanding	R	98-99	Reading
47. Express feelings appropriately	R	99-00	Spanish
III. Occupational guidance and preparation			
M. Occupational exploration	R	00-01	PLFP
48. Identify the personal values met through work			
49. Identify the societal values met through work	IER	00-01	VAC
50. Identify the monetary aspects of work			
51. Classify jobs into occupational categories			
52. Locate sources of occupational and training information			
53. Investigate local occupational and training information			
54. Legal aspects of work			
N. Occupational selection			
55. Identify major occupational needs	IER	00-01	VAC
56. Identify major occupational interests			
57. Identify occupational aptitudes			
58. Identify requirements of appropriate and available jobs			
59. Make realistic occupational choices			
O. Work habits and behavior			
60. Follow directions and observe regulations	IER	00-01	VAC
61. Attendance and punctuality			
62. Accept supervision			
63. Appropriate dress and grooming			
64. Occupational safety			
65. Work with others			
66. Quality work			
67. Satisfactory work rate			
68. Stamina and endurance			
P. Physical-manual skills			
69. Balance and coordination	IER	00-01	VAC
70. Manual dexterity			
71. Sensory discrimination			
Q. Specific occupational skill			
a. _____			
b. _____			
c. _____			
d. _____			
R. Employment			
72. Job search	IER	00-01	VAC
73. Job application			
74. Job interview			
75. Job maintenance			
76. Job standards and abilities			
77. Employment changes			
78. Post-school occupational resources			

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If you have any questions, please feel free to call the contact person below:

Karin Boyd
SCHOOL CONTACT PERSON

AND RETURN TO YOUR CHILD'S SCHOOL

Dept. Chair
POSITION

854-3261 ext. 206
TELEPHONE

Please check (✓) appropriate statement(s) below.

- ☐ I will attend the meeting as scheduled.
- ☐ I would like to attend the meeting, but cannot do so at the time suggested; please contact me at _____ to reschedule.
- ☐ I will not be able to attend the meeting; please have it without me. I wish to be notified of the results of the meeting.
- ☐ I will not be able to attend the meeting in person, but would like to participate via telephone. Please contact me at _____ at the scheduled meeting time.
- ☐ I waive the required five school day waiting period between Notice of ARD Committee Meeting and the ARD Committee Meeting.
- ☐ I waive the required 30 day waiting period between Notice of the ITP Committee meeting and the ITP Committee meeting.

Re: John Ramon
Student

9/5/01 9:15
Date of ARD/ITP Meeting

Comments:

Signature of Parent, Guardian, Surrogate Parent, or Adult Student _____

Date

Signature of Interpreter, if used _____

7/98 PSARDNOT-1

Date

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CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas
GRADUATION PLANName Ramirez John Birthdate 4/5/71 ID# 136
Last First M.I.

Special Education Option I graduation plans will be completed on the regular education form.

Special Education Graduation Options II III IV V (circle one)

Annual Updates	Semester 1	Semester 2
98-99	1. Eng I 2. Geometry 3. U.S. History 4. Home Economics 5. Adult Reading 6. P.E. Track 7.	1. 2. 3. 4. Keyboard 5. 6. 7.
99-2000	1. Eng I 2. Geom I 3. U.S. Geography 4. Biology 5. Introduction to Construction Careers 6. P.E. Track 7. Health / Speech	1. Spanish I 2. 3. 4. 5. 6. 7.
00-01	1. Eng 2 2. Integrated Physical & Chem. 3. Art 125 4. Food Prod. 5. 6. 7.	1. ENG 3 2. US HIST 3. Health / Keyboard 4. Food Prod. 5. 6. 7.
01-02	1. Eng IV 2. ENV. SCIENCE 3. V.O. 4. GOVT / ECO 5. 6. 7.	1. BCIS 2. PED 3. PMS 4. 5. 6. 7.
	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.
	1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7.

$$\begin{array}{r} 27.0 \\ 17.5 \\ \hline 41.5 \end{array}$$

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Option I — Regular Curriculum

Twenty-two (22) credits and satisfactory performance on the exit level test (TAAS).

Option II — Regular/Occupational Curriculum

Graduation requirements determined by the ARD Committee.

Option III — Applied Curriculum

Graduation requirements determined by the ARD Committee.

Option IV — Practical Curriculum

Graduation requirements determined by the ARD Committee.

Option V — Functional Curriculum

Graduation requirements determined by the ARD Committee.

A student may take courses in one or more instructional options. The ARD Committee may combine five instructional options as necessary to meet the student's needs.

The following courses taught in regular and resource classes teach subskills necessary for attaining mastery of self-help and employability skills.

**DAILY LIVING
SKILLS**

English CLA/ALA
Reading
Fundamentals of Math
Consumer Math
Specialized Fundamentals of Math
Personal Finance
Recordkeeping
Personal Business Management
Home Economics
Economics of the
Free Enterprise System
Driver's Education
Government
Health
Physical Education
Electives

**PERSONAL - SOCIAL
SKILLS**

English CLA/ALA
Reading
Speech
Vocational Language Arts
Health
Home Economics
Personal Management Skills
Psychology
Sociology
Electives

**OCCUPATIONAL GUIDANCE
AND PREPARATION SKILLS**

Vocational Language Arts
Personal Management Skills
Career Orientation
Vocational (1 or 2 hrs.) Courses
Vocational Co-op Courses
NJROTC
Electives
Campus Based Work
Training Program
Community Based Work
Training Program
VAC (part-time or full-time)
Business courses

DATE SENT/MAILED
2-1-02

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
 CORPUS CHRISTI, TEXAS
 OFFICE OF SPECIAL EDUCATION

NOTICE OF THE ADMISSION, REVIEW, AND DISMISSAL (ARD) COMMITTEE MEETING

RE: STUDENT John Ramirez SCHOOL Moody High School

INVITATION TO MEETING

We would like to invite you to attend an Admission, Review, and Dismissal (ARD) Committee meeting to discuss your educational programming or that of your child. We encourage you to attend this meeting, as your involvement is an important part of your/your child's education.

DATE 3/8 TIME 1:00 PLACE Moody High School ROOM 314

Check (✓) all appropriate boxes.

The Purpose of this Meeting is to:

- ☐ Initiate special education services if your child meets eligibility criteria
- ☐ Review your child's program (including results of any new evaluations)
- ☐ Review Assessment
- ☐ Discuss the need for new assessment
- ☐ Discuss transfer of rights at age of majority
- ☐ Other (specify) _____

- ☒ Develop/review transition needs/Individual Transition Plan (ITP)**
- ☒ Develop and/or review the Individual Educational Plan (IEP) for your child
- ☒ Consider extended year services
- ☒ Discuss placement
- ☐ Discuss, at your request, any educational or related service not proposed above

This action is proposed because: Annual ARD to discuss class for 2012-13 school year and make adjustment in schedule if any.

Options considered before convening this meeting:

- ☒ Extra Time for Work Completion
- ☐ Add/Drop Related Services
- ☐ Compensatory Education
- ☐ Parent Conferences
- ☐ Change Modifications
- ☒ Increase/Decrease Special Education Time
- ☒ General Education

- ☐ Preferential Seating
- ☐ Oral Tests
- ☐ Counseling
- ☐ ISS
- ☐ Bilingual/ESL
- ☐ 504 Programs

- ☐ Behavior Management Strategies
- ☒ Modified or Shortened Assignments
- ☒ Add Vocational Classes
- ☒ Continue Current Program
- ☐ Tutoring
- ☐ Other _____

**** TRANSITION SERVICES**

The purpose of this meeting is to review the Individual Transition Plan (ITP) and consider transition services in accordance with 19 TAC 89.1110 and 34 CFR 300.346(b)(1-2).

- ☐ The district will invite the student to this meeting.

The following agencies have been invited to send a representative to this meeting:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Comments: _____

The provision of any educational or related service not proposed for discussion in this notice will be discussed at your request (describe if applicable).

Check (✓) all appropriate boxes.

The following persons have been asked to attend the meeting:

- ☒ Parent/Guardian/Surrogate Parent/Adult Student
- ☒ Instructional Representative
- ☒ School Administrator
- ☐ Adult Service Agency Representative
- ☐ Special Education Assessment Staff
- ☐ Other (list): _____

- ☐ Speech Pathologist
- ☒ Counselor
- ☒ Student**
- ☐ LPAC Representative
- ☒ Vocational Representative

The following evaluation procedures, tests, records or reports will be reviewed and discussed:

- ☒ Comprehensive Individual Assessment (e.g., language, physical, emotional/behavioral, sociological intellectual, educational performance)
- ☒ School Permanent Records (e.g., grades, attendance reports, teachers' observations, achievement test scores, discipline reports)
- ☒ Classroom Observation Reports/Teacher Reports
- ☐ Independent Evaluation Reports
- ☐ Parent Information
- ☒ Individual Transition Plan (ITP)**
- ☐ Other (list): _____

Other factors relevant to this ARD committee meeting (describe if applicable): _____

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. AN EXPLANATION OF RIGHTS AND PROCEDURAL SAFEGUARDS OF A PARENT WITH A CHILD WITH DISABILITIES IN SCHOOL has been sent to parents by apalinas on 2-1. If you have questions regarding these safeguards, please feel free to call 994-3500.

FOR SCHOOL USE ONLY

White Copy: Parent Copy Yellow Copy: Retain to document reasonable attempts to schedule meeting at agreed time. Attach yellow copy to ARD/IEP (Initial, Annual, Special Review) form and file in eligibility folder. Reminder was sent on _____ by _____. Telephone call made on _____ by _____.

You were previously sent the Notice of Comprehensive Individual Assessment which described the evaluation procedures and tests which would be used to determine your child's educational needs.

DETACH HERE

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If you have any questions, please feel free to call the contact person below:

Karen Boyd
SCHOOL CONTACT/PERSONSpecial Ed. chairperson
POSITION854-3261 ext 20
TELEPHONE

Please check (✓) appropriate statement(s) below.

- ☐ I will attend the meeting as scheduled.
- ☐ I would like to attend the meeting, but cannot do so at the time suggested; please contact me at _____ to reschedule.
- ☐ I will not be able to attend the meeting; please have it without me. I wish to be notified of the results of the meeting.
- ☐ I will not be able to attend the meeting in person, but would like to participate via telephone. Please contact me at _____ at the scheduled meeting time.
- ☐ I waive the required five school day waiting period between Notice of ARD Committee Meeting and the ARD Committee Meeting.
- ☐ I waive the required 30 day waiting period between Notice of the ITP Committee meeting and the ITP Committee meeting.

Re:

John Ramus
StudentMarch 8 @ 1:00
Date of ARD/ITP Meeting

Comments:

Signature of Parent, Guardian, Surrogate Parent, or Adult Student_____
Date_____
Signature of Interpreter, if used_____
Date

7/98 PSARDNOT-1